

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90110 042 ***150.00

DOCUMENT # S24042

1. Entity Name

J & F BROADCASTING, INC.

Principal Place of Business

**3625 NW 82ND AVE
 SUITE 305
 MIAMI FL 33166
 US**

Mailing Address

**3625 NW 82ND AVE
 SUITE 305
 MIAMI FL 33166
 US**

C0009059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8180 NW 36 St.

3. Mailing Address

8180 NW 36 St.

Suite, Apt. #, etc.

SUITE #239

Suite, Apt. #, etc.

STE #239

City & State

Miami FL.

City & State

Miami FL.

Zip

33166

Country

USA.

Zip

33166

Country

USA.

4. FEI Number **65-0235664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TERRAS, MARIA FERNANDE
 16072 SW 73 ST
 MIAMI FL 33193**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **TERRAS, MARIA FERNANDA**
 STREET ADDRESS **16072 SW 73 ST**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **TERRAS, JOSE**
 STREET ADDRESS **3625 NW 82ND AVE., SUITE 305**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria F. Terras (Pres.) - 1/15/01

Date

Daytime Phone #

(305) 471-7961

CR2E034 (10/00)